

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: Chris Ganey
Date: 6/4/2008
Time: 10:30 – 11:30 AM
Location: Wycliff – Conference Room 430

IPRS Core Team Attendees:

Gary Imes	Others:
Thelma Hayter	Cathy Bennett
x Eric Johnson	x Sandy Flores
x Travis Nobles	x Paul Carr
Cheryl McQueen	Theresa Diana
x Sharlene Bryant	Chris Ferrell
x Jamie Herubin	x Rick Kretschmer
x Mike Frost	x Wanda Mitchell
x Myran Harris	x Chris Ganey
	x Susie Pezzoni

Attendees:

x Alamance-Caswell	x Johnston
x Albemarle	x Mecklenburg
x Catawba	x Onslow-Carteret
x Centerpoint	x OPC
x Crossroads	x Pathways
x Cumberland	x Piedmont
x Durham	x Sandhills
x Eastpointe	x SE Regional
x ECBH	x Smoky Mountain
x Five – County MHA	x The Beacon Center
x Foothills	x Wake
x Guilford	x Western Highlands

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Attendees:

- | Item No. | Topics |
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| 1. | Roll call |
| 2. | Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Please do not place IPRS Core Team call on hold because of potential distraction to call discussion. |
| 3. | Upcoming Check-writes (cut-off dates) – June 5, 12, 19 |
| 4. | Agenda items <ul style="list-style-type: none"> Beta Test (NPI) Requirements Review <ul style="list-style-type: none"> 100 records/LME/submission; Format test; full cycle run, 835 Update schedule termination: TBD IPRS Questions or Concerns MMIS Updates- Theresa Diana |
| 5. | DMH and/or EDS concluding remarks <ul style="list-style-type: none"> For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator. <ul style="list-style-type: none"> Physician phone analyst (i.e. Independent Mental Health Providers)-5 Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2 |
| 6. | Roll Call Updates |

Next Meeting: June 11, 2008

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.

Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355

M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

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ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)

Item No.	Topics
1.	<p>Roll Call:</p> <p><u>Checkwrites</u></p> <p>No checkwrite this past week. We do have a checkwrite this week, June 5th cut off. Any questions? This is the first official checkwrite where we submit all claims with the NPI. No claims will be accepted without the NPI, if you are typical. Any questions with that?</p>
2.	<p><u>Agenda Item:</u></p> <p>No Agenda items.</p>
3.	<p><u>NPI (beta testing)</u></p> <p>We do have a number of LMEs who have joined the ranks of format testing. We're glad of that. Today is the last scheduled day for beta testing. If you have not sent in your file for beta testing you may want to consider doing it today if you still have issues. Are there any questions?</p> <p>Terry/Eastpointe – For providers that are only providing residential, they do not have to get an NPI number? I'm just going back to the fax, that it's not considered a health care service.</p> <p>Eric – I understand that. Wherein it's not our practice to tell providers if they should or shouldn't be atypical, we do understand that there was a suggestion or some guidance that was given that said, hey, if you're just residential then you really don't have to consider yourself a typical provider, therefore you don't have to get an NPI. That was guidance that was given, that was a suggestion that was given by, at least one of the Divisions, I can't say which one.</p> <p><u>IPRS questions:</u></p> <p>Cathy/Centerpoint – I have a question regarding enrollment. Medicaid consumers for Enhanced Services. Are other LMEs actually doing an enrollment and sending that admission for Medicaid only Enhanced Services through CDW?</p> <p>Sharon/Western Highlands – We have started doing that. We weren't actually admitting our clients through CDW for all Medicaid services but now we are going to Enhanced.</p> <p>Faye/Mecklenburg – We also enroll all of our consumers as well so just in case they come back and pick up an IPRS service, all we have to do is add the target pop group and submit that up to the State.</p> <p>Kelly/Durham – Is there anything different that we'll need to do after July 1st when we bill the H codes to IPRS?</p>

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Eric – I'm not exactly sure what your question is? Did something come up that made you think you would have to do something different?

Kelly/Durham –I'm just asking because sometimes things change. I just want to make sure that you're not doing anything different for the coming fiscal year.

Kelly/Durham –Is there any word on the Y codes...they are continuing correct?

Eric – Yes, that we know of at this point.

Kelly/Durham – Just one more question, is the Retroactive Medicaid process working yet for single stream providers? Is that going to be working before the fiscal year kicks in?

Eric – Kelly, can you tell us what part of Retro-Medicaid is not working for single streams?

Kelly/Durham – Yeah, it was on an email that I had sent that none of our claims are getting caught in the Retroactive-Medicaid process. Originally we had started going down this track of that my number wasn't working but then you said you would have EDS look at it.

Eric – Let me look in to that and get back to you.

Kelly/Durham - Do you want me to forward you the email?

Eric – Yeah that would be great. ▼

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Dennis/PBH – Now that NPI is in play and when that file comes in are you validating against the information that providers have put into the DMA NPI database?

Eric – Yeah if it's a shared provider we will be validating that, if it's necessary.

Dennis/PBH – Because we're getting a bunch of errors where the provider and the address aren't matching and we're trying to figure out what we need to get corrected whether it's what the providers have put in that DMA NPI database, is it something that we need to get corrected with Medicaid or what's going on. We're just not sure where you're pulling that address from.

Eric – Is this the same question about address line 1 and address line 2?

Dennis/PBH – No, different question.

Eric –It would be in your best interest to make sure that the address is correct. Especially the zip code information.

Tom/Western Highlands – I want to clarify the answer to that question. Is the source of the address coming from the IPRS attending provider database or are you looking at Medicaid's data?

Eric – Well, like we said, if it's a shared provider, when we go through the mapping process, if we're trying to figure out who the actual attending provider is, we will possibly have to go over to, or refer to the Medicaid database to identify the provider.

Tom/WH – And the Medicaid NPI registration interfaces with the IPRS provider database? When we look at the IPRS provider database that may not be the same thing

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that Medicaid has.

Eric – That shared provider data is the same as what's on Medicaid because we copy it.

Dennis/PBH – So if we're getting an incorrect address, we need to have the provider change that with Medicaid?

Eric – If it is an incorrect address, yes, on the Medicaid database, for sure. If it's a shared provider, yes, you need to have the provider update that information with Medicaid.

Dennis/PBH – What we're finding is that our providers haven't been submitting to Medicaid. There is a great deal of information that's not mirroring up very well.

Eric – Is this an IPRS claim or a Medicaid claim?

Dennis/PBH – I think we've got both.

Eric – Dennis can you send me an example of each? Send the ICN to Q & A.

Agnes/Cumberland – In reference to this issue, what happens if one provider actually operates out of two locations?

Eric – Then they would have to send the appropriate NPI. If they're billing IPRS then they'd have to send the appropriate NPI that corresponds to the SFL for the location that they're actually doing the service in, on their claim.

Agnes/Cumberland – Ok this is the attending provider NPI. They only have one attending provider, their NPI.

Eric – Is it an enhanced service?

Agnes/Cumberland – No actually it's a doctor's service.

Paul (EDS) – Do they have one legacy Medicaid provider number? I mean I assume they don't have a different legacy provider number for the two different locations.

Agnes/Cumberland – No, they just have two different locations.

Paul (EDS) – But only one legacy provider number?

Agnes/Cumberland – Yes and the location that's in IPRS is not the location that we're trying to bill for.

Eric – Agnes, send an example of what you're talking about into IPRS.

Jan/Guilford – Is this the time to ask questions about the 834?

Eric – Yes you can ask questions about the 834.

Jan/Guilford – Ok, we are looking at the new CDW categories for race. I guess my question is are these now identical to what we should be reporting for race and ethnicity to the 834 transaction?

Carol/Five County - I sent that to IPRS Q&A at least two weeks ago and I have followed

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	<p>up with emails and still have not received a response yet.</p> <p>Eric – Carol you sent that to IPRS Q&A?</p> <p>Carol/Five County – Yes and Cheryl McQueen emailed me back and said they would check into it but I have not heard anything back.</p> <p>Eric – Alright, because I'm not sure about Jan's question. If it's talking about CDW then I'll have to follow up with someone inside of our office that deals with CDW.</p> <p>Carol/Five County – CDW updated their race codes to include more, they split two and made it four and then added one for "other" and one for "multiracial". We don't have anything to crosswalk that to on the 834. So that was my question, how do we do this? Have ya'll updated your codes and we've just not been notified or how do you want us to crosswalk them?</p> <p>Eric – No we haven't updated our codes. We'll have to talk to the folks at CDW to find out how their's differs from ours specifically.</p> <p>Carol/Five County – That's what Cheryl was going to do but I have not heard back from her.</p> <p>Eric – Got that.</p> <p>Jan/Guilford – Yes that would be important to us and in the CDW dictionary they say that these codes now comply with census and Mental Health Statistics Improvement Program, whatever that is, so, but I think these are the official census race categories it looks like.</p> <p>Eric – Ok, as I was saying, I will follow up with the folks at CDW to get some clarification on that, find out what has to be done moving forward. Other questions?</p> <p>Tom/WH – July 1st is the beginning of the provisionally licensed Incident To billing utilizing the physician's attending provider number. Will there be a separate fee schedule to pay the provisionally licensed or will the payment be based on the physician attending provider and pay the physician rate?</p> <p>Eric – I don't know, is anyone from Medicaid on the call?</p> <p>Susie (EDS) – The billing is being done under the physician's program is that right?</p> <p>Tom/WH – "Incident To" under the physician's...</p> <p>Susie – If you're using the provider number of the attending physician, you will get paid the physician rate.</p> <p>Kelly/Durham – So does that in theory make all the H codes go away, really, because they should be billing with CPT codes.</p> <p>Susie – That's <u>what</u> I don't know.</p> <p>Tom/WH – They would still bill H codes, Kelly.</p> <p>Kelly/Durham – Just at the physician rate, the full rate.</p>
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	<p>Tom/WH – The memorandum limits provisionally licensed billing to H codes.</p> <p>Anonymous - Wasn't there a modifier that was going to be put on those?</p> <p>Tom/WH – Right, to recognize the provisionally licensed.</p> <p>Kelly/Durham – So instead of the lowest rate, it would be the highest rate?</p> <p>Tom/WH – But aren't those H codes already differentiated between the type and specialty and wouldn't they be inconsistent with the licensed fee schedule?</p> <p>Susie – Are the H codes being billed under the “830” provider number?</p> <p>Tom/WH – it's based on the individual clinician's direct enrolled number. Their type and specialty.</p> <p>Susie – I'd have to correspond it back to whatever the fee schedule amount is on the DMA website. So whether it would be under enhanced mental health or the physician's fee schedule, I'd have to know which provider number is being billed on the claim to know what fee schedule to refer to.</p> <p>Pam/Sandhills – According to Implementation Update #44, it says they've been added to the physician's fee schedule and they will be billed with a modifier SU for the provisionally licensed professionals.</p> <p>Susie – Ok, I don't have access to it, but has it been updated on the physician's fee schedule?</p> <p>Cathy/Smoky – No, it's not, the last update is May 1st.</p> <p>Pam/Sandhills – This update is June 2nd. Implementation Update #44.</p> <p>Amy/SER – The actual fee schedule is not updated so when is that going to be updated?</p> <p>Susie – We'll have to put that on Q&A to find out/follow up with the State to find out when they're going to update that.</p> <p>Amy/SER – I would think that it would probably not be updated until July 1st when those come into effect.</p> <p>Tom/WH – Have the rates for intensive in-home and multi-systemic therapy been published and ready to pay? The rate was increased effective June 1st. I didn't see the update on the fee schedule and I don't want to send a claim up and have it pay at the wrong rate. H2022 and H2033.</p> <p>Eric – We sent that over, but we'll need to check with Kent to see if that will be included this weekend and make sure he knows it needs to be included. Wanda are you on the call?</p> <p>Wanda Mitchell (DMH) - Yes I will check with Kent on that.</p> <p>Eric – I appreciate it because I did send him an email about it last week. Thanks.</p> <p>Tom/WH - And I didn't see it on the DMA fee schedule.</p>
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Eric – Ok, we'll hopefully have DMA folks look in to that. Susie can check that.

Tom/WH – My last question, I've been presented a problem with CAP Waiver Supply, S5145 with a BO modifier that was added to the CAP waiver supply fee schedule back in March maybe April. Apparently the problem has been some communication between DMH and DMA and allowing payment for that modifier/procedure code. Is this resolved at all? I'm piling up denied claims and have outstanding receivables and if this isn't going to be resolved anytime soon is there an alternative to seeking payment for these services?

Susie – I'm aware of that situation. We're still awaiting a memo. Last update I got was back on May 9th. Our File Maintenance team is working with DMA to get a memo to update that. I will follow up with that to find out where they are in that process.

Tom/WH – Meanwhile is there an alternative to seeking reimbursement for these?

Susie – Not that I'm aware of, unless you make a request to DMA for an interim check or payment and that's a process in itself. So I'll see if it will be quicker to just resolve the issue. I will follow back with Eric.

Terry/Eastpointe – Eric I know you hate for me to ask this question. But I know I had contacted one or two of the other LMEs this week needing clarification more higher up than me in regards to the non-licensed QP's providing H codes. And I know and am understanding that they should not be billing but I am needing that in writing. Does anybody know where it says that QP's cannot bill assessments like H0031 and H0004?

Eric – Does the Implementation Bulletin address that, does it address just the opposite where it says who can bill?

Terry/Eastpointe – I mean I understand about all the OBH codes that came out way back and who can provide those and the provisionally licensed and I'm just being asked about QP's just those with ...a level that can just provide an assessment.

Eric – I don't want to speak for policy folks, but I really don't believe there's going to be an amendment to the bulletin that addresses that specifically. I believe what they do is try to say who can bill and they assume that the folks can figure out that if you're not one of those that is granted to bill, then you shouldn't be billing. I believe that's the writing that's going to be available. I'll ask a little further, but I can't promise that you're going to get what you're looking for. Other questions?

Tom/WH – I just want to add to that what the disparity may be. The DMH service definition under provider type was never revised once OBH services were rolled out and I assume that the language that could be accepted as a QP is qualified to provide those assessment codes, but if you look at the clinical coverage policy and make a determination based on that alone then it's pretty clear that a QP isn't allowed to seek reimbursement or provide an assessment code.

Eric – Thanks Tom.

Terry/Eastpointe - Where was that information on the DMH site, Tom?

Tom/WH – In the service definitions.

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